

SECOND REGULAR SESSION

# SENATE BILL NO. 1279

92ND GENERAL ASSEMBLY

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INTRODUCED BY SENATORS STEELMAN, KINDER, GOODE, DOUGHERTY, FOSTER,  
YECKEL, GIBBONS AND CHAMPION.

Read 1st time February 19, 2004, and ordered printed.

TERRY L. SPIELER, Secretary.

4608S.011

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## AN ACT

To amend chapter 197, RSMo, by adding thereto one new section relating to the Missouri hospital infection control act of 2004, with penalty provisions.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Chapter 197, RSMo, is amended by adding thereto one new section, to be known as section 197.130, to read as follows:

**197.130. 1. This section shall be known and may be cited as the "Missouri Hospital Infection Control Act of 2004".**

**2. To encourage hospitals to take appropriate actions to decrease the infection risk in hospitals licensed in this state:**

**(1) The department of health and senior services shall have the authority to issue subpoenas and subpoenas duces tecum to investigate complaints and potential infection outbreaks in hospitals;**

**(2) Pursuant to 42 C.F.R. Section 482.42(a)(1), infection control officers shall have the authority to require a hospital to terminate any practice or procedure which in the infection control officer's opinion falls outside the standard of care in the prevention of hospital infections;**

**(3) Hospital infection surveillance measures and procedures must be adequate to detect all nosocomial infections. To track such infections, all hospitals licensed in this state must use a computerized database system that meets the standards adopted by the department of health and senior services. For purposes of this subdivision, "nosocomial" means a localized or systemic condition that results from an adverse reaction to the presence of an infectious agent or agents, and an infection that was not present or incubating at the time of admission;**

**(4) Notwithstanding any other provision of law to the contrary, all suspected infection outbreaks shall be reported to the department of health and**

senior services. For purposes of this subdivision, "outbreak" means an increase over the baseline infection rate of one hundred percent in any three-month period;

(5) All hospitals shall adopt the evidenced-based control policies that are applicable to the facility, including those pertaining to isolation and handwashing for all employees and medical staff. Such policies shall be available for review by the department of health and senior services and shall include, at a minimum, requirements for the hospital infection control program to conduct a portion of its surveillances in such a manner that hospital personnel are observed without their knowledge of such observation. Such policies shall also include requirements for an appropriate corrective action plan and follow-ups for any deficiencies noted during undisclosed surveillances;

(6) Any hospital personnel in a managerial or supervisory position with a hospital who restrict any employee of the hospital from discussing any aspect of care with an agent of the department of health and senior services regarding potential hospital infection issues or complaints is guilty of a class A misdemeanor;

(7) Facilities shall perform a root-cause analysis on all identified cases of death or major loss of function attributable to a nosocomial infection. Such analysis shall be reported to the department of health and senior services. The department shall maintain a database of such reports to identify common issues and root cause. The database shall not include patient or practitioner identifiers. Such reports shall not necessarily prompt an inspection. The primary purpose of the report is to acknowledge that the facility is responding in a manner that will help improve future safety. In addition to other infectious diseases required to be reported, facilities shall report all methicillin-resistant *S. aureus* (MRSA) and vancomycin-resistant enterococci (VRE) infections to the department so that a database may be developed and maintained to determine the base line number of such infections, trends in the occurrence of such infections, and comparison of the numbers of such infections in the facility;

(8) The department shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid and void; and

(9) All onsite surveys performed by nongovernmental entities at hospitals licensed in this state with the intent of evaluating the quality of health care delivered, including but not limited to the effectiveness of its hospital infection control program, shall be unannounced surveys. If such a survey is not conducted as an unannounced survey, the results of the survey shall not be used in issuing any statements as to the quality of the hospital surveyed. Exceptions to the unannounced onsite survey are meetings to review documentation on policies and records of the hospital.

3. Any and all information and documentation received by the department under this section shall be confidential except as set forth in section 197.477. However, any and all information pertaining to staphylococcus aureus, including the number and frequency of occurrences of staphylococcus aureus in each hospital or facility, shall be available on the department of health and senior services Internet website or upon request.

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